

PERSONAL HISTORY STATEMENT

REQUIRED DOCUMENTS

Attach copies, unless original is requested, of the following documents to this questionnaire. Failure to submit these documents in a timely manner will delay your consideration for employment. Some of these documents may not be applicable to you. Please indicate those that are attached with a check mark in the space provided.

- ___ 1. Signed release waivers
- ___ 2. Copy of your Paramedic or EMT Card
- ___ 3. Copy of CPR, ACLS, and any other EMS Cards
- ___ 4. Copies of College Degree
- ___ 5. Original Birth Certificate
- ___ 6. Copies of Driver's License
- ___ 7. Copies of Social Security Card or Passport

OPTIONAL DOCUMENTS

- 1. Copies of other certificates, awards or commendations you would like considered:

Personal Information

The following information is required of you for verification and contact purposes:

Your Name (please print in ink)

_____	_____	_____
LAST	FIRST	MIDDLE

List other names you have used or been known by. Include maiden name, married names, adopted name or nicknames.

Mother-in-law _____

Spouse _____

Former Spouse (s) _____

Brothers and Sisters _____

Step-Father _____

Step-Mother _____

Step-Brother and Sisters _____

List all offspring: Please indicate son or daughter and whether biological, adopted, from a previous marriage, etc. List current address and phone number as above.

RELATIVES, REFERENCES AND ACQUAINTANCES (CONTINUED):

List personal or professional references, 3-5 individuals who have knowledge of you and your qualifications.

Name and Relationship	Address	Telephone Number

List individuals with whom you have resided within the past 10 years. Do not list any information prior to your 15th birthday. **Exclude family members.**

Name	Address	Telephone Number

RESIDENCE

Please list all of your residences during the last 10 years. Begin with your most current residence first and proceed backward. If a residence was rented, give the landlords name, address and telephone number. Do not list any information prior to your 15th birthday.

Address of Residence	Dates you resided there (from – to)	Landlord information

EDUCATION:

___ I possess a high school diploma.

___ I passed the G.E.D. (General Education Development) test.

___ I possess the following college degrees. Please include the name of the college and the year attained.

List all the schools you have attended, beginning with high school. During the background investigation, people who have known you in a learning environment may be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	City and State	Dates of Attendance	Teacher or Reference

Have you ever been suspended or expelled from any high school or post-secondary school? Post-secondary schools include colleges and universities, graduate schools, business and vocational schools and any formal education beyond the high school level.

YES _____ NO _____

If YES, please explain. Include the school, date and circumstances:

EXPERIENCE AND EMPLOYMENT:

Beginning with your most current employment, list all jobs you have held in the past 10 years. For purposes of the Personal History Statement, part-time, temporary and voluntary work should be included. Please list all periods of unemployment in chronological sequence in the spaces provided for you between employment listings.

Should you need to list additional experience/employment information, please use an additional sheet of paper and continue in the exact same format as below.

Name, address and phone number of employer:

Name	Address	Phone number
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Dates of employment: From _____ To _____

Full-time _____ Part-time _____ Voluntary _____ Military Service _____

Title and Duties _____

Name you were known by _____

Name of supervisor _____

Names of co-workers _____

Reason for leaving _____

Dates of unemployment From _____ To _____

Name, address and phone number of employer

Name Address Phone number

Full-time _____ Part-time _____ Voluntary _____ Military Service _____

Title and Duties _____

Name you were known by _____

Name of supervisor _____

Names of co-workers _____

Reason for leaving _____

Dates of unemployment From _____ To _____

EXPERIENCE AND EMPLOYMENT CONTINUED:

Name, address and phone number of employer:

Name Address Phone number

Dates of employment: From _____ To _____

Full-time _____ Part-time _____ Voluntary _____ Military Service _____

Title and duties _____

Name you were known by _____

Name of supervisor _____

Names of co-workers _____

Reason for leaving _____

Dates of unemployment From _____ To _____

Name, address and phone number of employer

Name Address Phone number

Full-time _____ Part-time _____ Voluntary _____ Military Service _____

Title and duties _____

Name you were known by _____

Name of supervisor _____

Names of co-workers _____

Reason for leaving _____

Dates of unemployment From _____ To _____

EXPERIENCE AND EMPLOYMENT CONTINUED:

Name, address and phone number of employer:

Name Address Phone number

Dates of employment: From _____ To _____

Full-time _____ Part-time _____ Voluntary _____ Military Service _____

Title and duties _____

Name you were known by _____

Name of supervisor _____

Names of co-workers _____

Reason for leaving _____

Dates or unemployment From _____ To _____

Name, address and phone number of employer

Name _____ Address _____ Phone number _____

Full-time _____ Part-time _____ Voluntary _____ Military Service _____

Title and duties _____

Name you were known by _____

Name of supervisor _____

Names of co-workers _____

Reason for leaving _____

Would any problem result if your present employer was contacted during the course of the background investigation? **YES** _____ **NO** _____ If **YES**, when should such contact be made?

If you have had no prior employment, please explain here. _____

EXPERIENCE AND EMPLOYMENT CONTINUED:

Have you ever been fired or asked to resign from any place of employment?

YES _____ **NO** _____ If **YES**, please give details to include when, name of employer and why.

MILITARY SERVICE

Have you ever served in the Armed Forces, National Guard or Military Reserves?

YES _____ **NO** _____ If **YES**, please supply the following information:

Branch of Service: _____ Service number: _____

Dates of Service: From: _____ To: _____

Type of Discharge: _____

Have you ever been the subject of any judicial or non-judicial disciplinary action while in the Military, National Guard or Military Reserves? **YES** _____ **NO** _____

If **YES**, please give details to include branch of service, when, where, circumstances, etc.

MILITARY SERVICE CONTINUED:

Past commanding officers or other military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

NAME	ADDRESS	TELEPHONE NUMBER	MILITARY UNIT	DATES

FINANCIAL

The management of personal finances is relevant to an individual's qualifications for a position with a fire department. Therefore, please fill in the financial statement that follows.

Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan?

YES ____ **NO** ____ If **YES**, please give details to include when, where and why.

Within the last seven (7) years, have any of your bills ever been turned over to a collection agency?

YES ____ **NO** ____ If **YES**, please give details to include when, firms involved and circumstances.

Within the last seven (7) years have you ever had purchased goods repossessed?

YES ____ **NO** ____ If **YES**, please give details to include when, firms involved and circumstances.

Within the last seven (7) years, have your wages ever been garnished?

YES ____ **NO** ____ If **YES**, please give details to include when, where and why.

Have you ever been delinquent on child support, income tax or other tax payments?

YES ____ **NO** ____ If **YES**, please give details to include when, where and why.

LEGAL

If you have ever been arrested, taken into physical custody or convicted of any crime, please give the following information. The fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you answer this question.

DATE	AGENCY/LOCATION	CHARGE	DISPOSITION

As an adult, have you ever been placed on probation by any court? **YES** ____ **NO** ____ If **YES** please give details to include when, where and why.

Please list any other crimes you have committed, **REGARDLESS** of whether stopped, arrested, and/or convicted. To include what, when, where, how and why.

Are you now or have you ever been involved as a defendant in any civil court action?
YES ____ **NO** ____ If **YES**, please give details to include when, where, name of court and circumstances.

MOTOR VEHICLE OPERATION:

Operation of a motor vehicle is an integral part of the position for which you have applied. An investigation of your driving history will be made through a records check. Please supply the following information:

_____ Drivers License Number State Name Printed on the License

Please list other states where you have been licensed to operate a motor vehicle:

STATE	NAME UNDER WHICH LICENSE WAS ISSUED

Have you ever been refused a driver's license by any state? **YES** ____ **NO** ____ If **YES**, please explain when, where and why.

Has your driver's license ever been suspended, revoked or placed on negligent operator's probation or restriction? **YES** ____ **NO** ____ IF **YES**, please give details to include when, where and under what circumstances.

Please list all traffic citations you have received as an adult, after reaching the age of 18. **Exclude parking citations.**

Nature of violation	City and State	Approximate Date	Disposition

MOTOR VEHICLE OPERATION CONTINUED:

Please list all motor vehicle accidents in which you have been involved as a driver within the past seven (7) years.

DATE	CITY, STATE	INVESTIGATING AGENCY	INJURY OR NON-INJURY

If there is anything you wish to discuss about your driving record which has not already been covered in the preceding sections, please explain here.

Please list all vehicles registered to you and/or your spouse.

YEAR	MAKE	MODEL	LICENSE NUMBER	VEHICLE ID NUMBER (VIN)

GENERAL INFORMATION:

Are you now, or have you ever been a member of any foreign or domestic organizations, association, movement, or group of persons that is, or was, totalitarian, fascist, communist, subversive in nature or which has adopted or expressed a policy of advocating or approving of the commission of acts of force or violence as a means to deny other persons their rights under the Constitution of the United States by unconstitutional means? **YES** ___ **NO** ___ If **YES**, identify the organization and explain fully.

Are you willing to work all hours of the day, all days of the week, holidays, and overtime when assigned?
YES ___ **NO** ___

Do you have anything in your background that may disqualify you from becoming a Firefighter/Paramedic?
YES ___ **NO** ___ IF **YES**, please explain.

DRUG USE QUESTIONNAIRE:

Have you used, tried experimented, or in any way introduced into your body by any means:

DRUG	YES	NO	DATE FIRST USED	DATE LAST USED	USED ONCE	
Marijuana						
Hashish, Hashish Oil						
Cocaine						
Crack, Rock, Ice						
Barbiturates, Hypnotics, or "Downers"						
Amphetamines (Cross-tops, Whites, Bennies, "Uppers")						
Methamphetamines (Speed, Crank)						
LSD or other Hallucinogens						
PCP (Angle Dust, Sherm)						
Heroin or other Opiates						
Steroids						
Pharmaceutical drugs not prescribed for you						

Questionnaire	YES	NO
Is there any other illegal drug, narcotic or controlled substance not listed above that you have introduced into your body?		
Have you introduced into your body a substance which you thought was an illegal drug and then found out that it was not?		
Have you ever injected an illegal drug into your body?		
Have you ever sold and illegal drug?		
Have you ever purchased any drug, narcotic or controlled substance other than by a doctor's prescription?		
Have you ever participated in the manufacturing, cultivation, or production of any illegal drug, narcotic or controlled substance?		
Have you ever acted as a courier by transporting any illegal drug, narcotic or controlled substance?		
Have you ever acted as a middle man, go-between, or "done a favor for a friend" by becoming involved in any illegal drug transaction?		
Have you ever told anyone where to purchase illegal drugs?		

OPTIONAL INFORMATION:

List organizations, clubs, professional societies or other associations of which you are, or have been a member. Please include the name of the group, the city and state, and your present status or position in the group.

What are your personal hobbies? What do you like to do during the time that you are not at work? Please include any special skills or qualifications that might be useful in the position in which you have applied.

List the magazines and newspapers to which you currently subscribe.

Social Media:

List all social media accounts that you currently have.
